

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$876.00 for date of service, 11/30/01.
- b. The request was received on 03/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500
 2. Medical Audit summary/EOB/TWCC 62 form
 - b. Additional documentation requested on 05/28/02 and received on 06/06/02
 1. Preauthorization approval, dated 11/30/01
 2. Medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Request for reconsideration dated 02/07/02
 - e. Preauthorization approval, dated 11/30/01
 - f. Medical Records
 - g. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 06/28/02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of additional information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Statement listed on the TWCC 60 Table of Disputed Services, undated

“A lumbar discogram w/CT was approved through pre-authorization. The Lumbar Discogram was paid, but not the ct. The contrast is a non-ionic contrast material and x-ray are not included in the whole procedure. The contrast which is to be billed separately and the x-ray is used for supervision & interpretation which should be billed in the 70000 series.”
2. Respondent: Letter dated 05/17/02

“Attached please find the response of (Carrier) with the TWCC-60, copy of original HCFA-1500 and EOB showing the initial recommended payment from the bill review of 01/02/02. Copy of draft history display showing payment of \$1274.62 on 01/09/02. Request for reconsideration was submitted 02/07/02 and the review done on 02/26/02 with no additional payment recommended.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/30/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$1,015.00 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above date in dispute.
5. The Carrier's EOB denies reimbursement as “G - UNBUNDLING.”
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/30/01	72132 WP	\$800.00	\$0.00	G	\$670.00	TWCC Rule 133.304 (c); Radiology GR (I) (B); CPT Descriptor	TWCC Rule states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier's EOBs and initial response statement does not address or support the denial of "UNBUNDLING" for this service. The Requestor received preauthorization for the Discogram with CAT scan from the Carrier on 11/30/01. Therefore, the Requestor has submitted documentation to support services billed and additional reimbursement of \$670.00 is recommended..
11/30/01	A4645	\$150.00	\$0.00	G	DOP	Radiology GR (I) (B); CPT Descriptor	MFG Radiology GR states, "IV injection of contrast material is included in the CAT procedure and shall not be reimbursed separately." Therefore, no additional reimbursement is recommended.
11/30/01	72100 WP	\$65.00	\$0.00	G	\$56.00	TWCC Rule 133.304 (c); Radiology GR (I) (A); CPT Descriptor	TWCC Rule states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier's EOBs and initial response statement does not address or support the denial of "UNBUNDLING" for this service. Therefore, the Requestor has submitted documentation to support services billed and additional reimbursement of \$56.00 is recommended..
Totals		\$1015.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$726.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$726.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21st day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division